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CONFIRMATION NO. 8472

<b>SERIAL NUMBER</b> 09/764,630	<b>FILING OR 371(c) DATE</b> 01/18/2001 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3767	<b>ATTORNEY DOCKET NO.</b> LF-180DV
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a DIV of 09/245,229 02/05/1999 PAT 6,196,999

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

W 7/6/07

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

02/14/2001

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> OH	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 11	<b>INDEPENDENT CLAIMS</b> 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <u>WZZZZZZZZZZ</u> Initials <u>WZ</u>				

**ADDRESS**

26875

**TITLE**

Syringe/plunger coupling

<b>FILING FEE RECEIVED</b> 1810	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____
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